

the box below. Draw or Sketch your Proposed Construction regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100	Setback from the Lake (Ordinary high-water mark)	17A
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	
Setback from the North Lot Line	75	Setback from the Bank or Bluff	
Setback from the South Lot Line	1100	Setback from Wetland	
Setback from the West Lot Line	1600	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	80	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	17A
Setback to Drain Field	17A		
Setback to Privy (Portable, Composting)	Feet		Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 17A	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 16-0449		Permit Date: 12-12-16		
<input type="checkbox"/> Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/contiguous lot(s))	<input type="checkbox"/> No	<input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Granted by Variance (B.O.A.)		<input type="checkbox"/> Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
<input type="checkbox"/> Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Violation Abated	<input type="checkbox"/> All Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Existing Plan	<input type="checkbox"/> Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: News deed submitted + received 6-10-16				
deeds .13 acres to make town meet 75' setback				
Date of Inspection: 11-10-16		Inspected by: [Signature]		
Condition(s): Town, Committee of Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: [Signature]		Date of Approval: 12-13-16		
<input type="checkbox"/> Hold For Sanitary: <input type="checkbox"/>	<input type="checkbox"/> Hold For TBA: <input type="checkbox"/>	<input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/>	<input type="checkbox"/> Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
NOV 21 2016
Bayfield Co. Zoning Dept.

Permit #: 16-0450
Date: 12-12-16
Affront Paid: \$125 11-21-16
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: BAYFIELD COUNTY

Address of Property: 117 E 6th St WASHBURN 54891

City/State/Zip: PORT WING WI 54865

Cell Phone:

Contractor: MASTEK NETWORK SOLUTIONS

Contractor Phone: 847-463-5772

Plumber:

Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s))

Agent Phone: 11

Agent Mailing Address (include City/State/Zip): 1357 E. 18th St RD THASCA IL

Written Authorization: Attached ☒ Yes ☐ No

PROJECT LOCATION: SE 1/4, NW 1/4

Legal Description: (Use Tax Statement)

Tax ID# (4-5 digits):

Recorded Deed (i.e. # assigned by Register of Deeds): Document #: R

Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision:

Section 25, Township 50 N, Range 8 W

Town of: Lot Size: 663 sq ft

Acres:

☐ Shoreland ☒ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes—continue →

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →

Distance Structure is from Shoreline: feet

Distance Structure is from Shoreline: feet

Is Property in Floodplain Zone? ☐ Yes ☐ No

Are Wetlands Present? ☐ Yes ☐ No

Value at Time of Completion * include donated time & material: \$15,000.00

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)

Proposed Construction: REPLACE ANTENNA'S

Length: Width: Height:

Length: Width: Height:

Proposed Use: DEC 12 2016

Red of Insurance

Proposed Structure

Principal Structure (first structure on property)	Dimensions	Square Footage
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
<input type="checkbox"/> with Loft	() X ()	
<input type="checkbox"/> with a Porch	() X ()	
<input type="checkbox"/> with (2nd) Porch	() X ()	
<input type="checkbox"/> with a Deck	() X ()	
<input type="checkbox"/> with (2nd) Deck	() X ()	
<input type="checkbox"/> with Attached Garage	() X ()	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	() X ()	
<input type="checkbox"/> Mobile Home (manufactured date)	() X ()	
<input checked="" type="checkbox"/> Addition/Alteration (specify) _____	() X ()	
<input type="checkbox"/> Accessory Building (specify) _____	() X ()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() X ()	
<input type="checkbox"/> Special Use: (explain) _____	() X ()	
<input type="checkbox"/> Conditional Use: (explain) _____	() X ()	
<input type="checkbox"/> Other: (explain) _____	() X ()	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): (if there are Multiple Owners, listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Date: 11/9/16

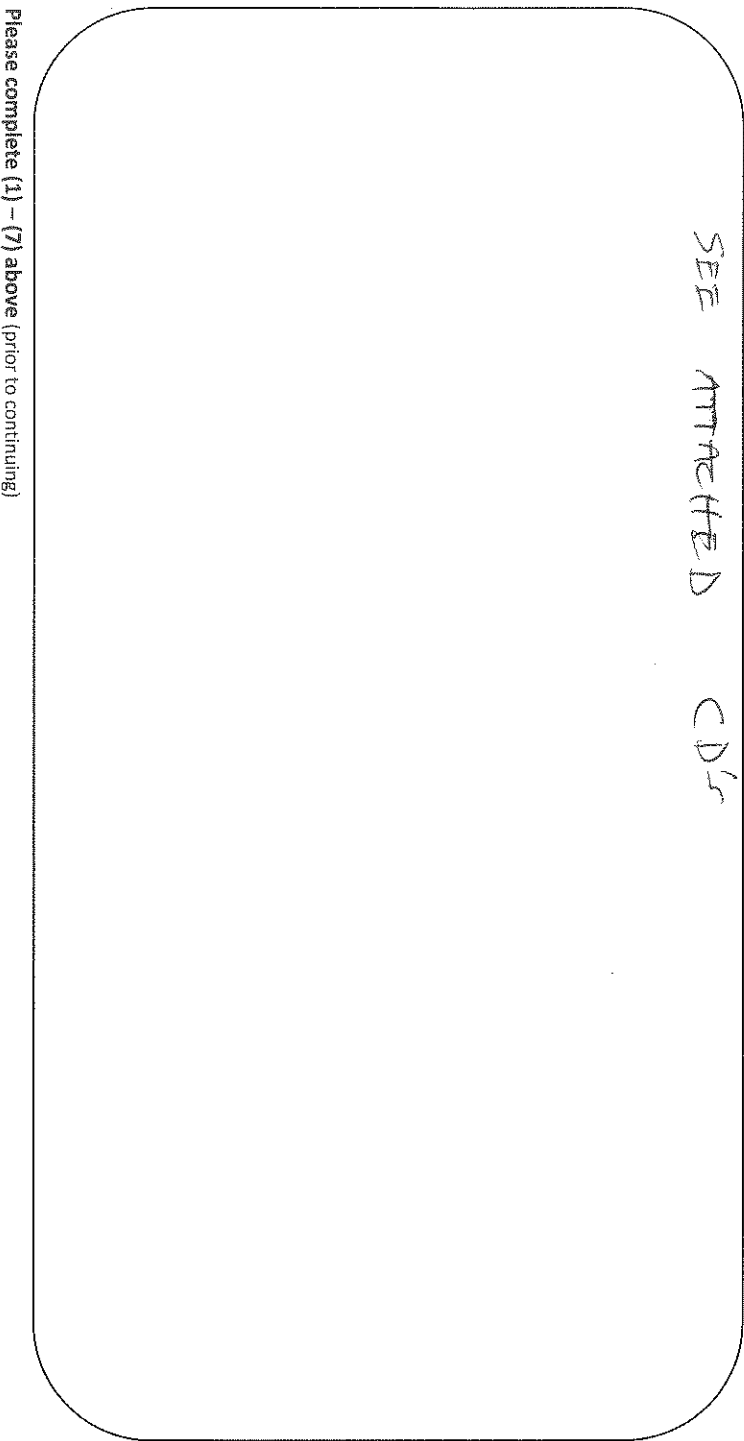
Authorized Agent: (if you are signing on behalf of the owner(s)) a letter of authorization must accompany this application) Date: 11/9/16

Address to send permit: 1351 E. 18th St RD THASCA IL 60143

below: Draw or Sketch your Property (regardless of what you are applying for)

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SEE ATTACHED CD'S



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Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

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Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>16-0458</u>		Permit Date: <u>12-12-16</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Case #:		Case #:					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:		Inspected by: <u>for approval</u>					
Date of Inspection: <u>November 2015 application</u>		Inspected by: <u>GREENBERG</u>		Date of Re-Inspection: <u>12-11-16</u>			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (if No they need to be attached.)							
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>12-12-16</u>					
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	

